Application or Docket Number

Effective October 1, 2003												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
_			າ 1)	(Column 2)			TYPE		OR	SMALL		
T	OTAL CLAIMS		n				,	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			72 minus 20=		* /2 ·			X\$ 9=		OR	X\$18=	2/6
INDEPENDENT CLAIMS			(C minus 3 =		* V			X43=		OR	X86=	258
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT		<u></u>			+145=	1	OR	+290=	2/1.8
* If the difference in column 1 is less than zero, enter						olumn 2		TOTAL		OR	TOTAL	1244
CLAIMS AS AMENDED - PART II										_	OTHER	THAN
		(Column 1)		(Column 2) (Column 3				SMALI	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		-		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=	
								TOTA ADDIT. FEI		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									=	•	ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	l	X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+145=		OR	+290=	
								TOTAL			TOTAL	•
										jon,	ADDIT. FEE	
_		(Column 1) (Column CLAIMS HIGHES			ST	(Column 3)		ADDI-	ſ		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	'	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**	<u>.</u>	=		X\$ 9=	1 1	OR	X\$18=	
	Independent				=		X43=		OR	X86=		
7.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		Ì		
• 1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		iber Previously Paid					r four	nd in the ar	opropriate box	in col	umn 1.	